

NARCOLEPSY and IDIOPATHIC HYPERSOMNIA

All Classes
(Updated 01/25/2023)

DISEASE/CONDITION	EVALUATION DATA	DISPOSITION
<p>A. Current or historical diagnosis</p> <p>Treated or Untreated</p> <p>Note: This condition is incompatible with aviation safety.</p>	<p>Submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. The most recent detailed, Clinical Progress Note, generated from a clinic visit with the physician who treats or diagnosed this condition (narcolepsy or idiopathic hypersomnia). It must include a detailed summary of the history of the condition; current medications, dosage, and side effects (if any); physical exam findings; results of any testing performed; diagnosis; assessment and plan (prognosis); and follow-up. 2. Copies of the most recent <ul style="list-style-type: none"> • Sleep study (sleep lab polysomnography); • Multiple Sleep Latency Test [MSLT]); and • Any other testing already performed for this condition. 	<p>DEFER</p> <p>Submit the information to the FAA.</p>
<p>B. Current or historical diagnosis on medical records</p> <p>WITH</p> <p>NEW information which rescinds this diagnosis.</p> <p>Ex: Previously diagnosed with narcolepsy but additional evaluation determines cause is another condition.</p> <p>We will need the information for that condition and the following:</p>	<p>If additional testing, evaluation(s), or documentation verifies the diagnosis of Narcolepsy was rescinded, no longer requires treatment, or has resolved, submit the following for FAA review:</p> <ol style="list-style-type: none"> 1. A current, detailed neurological evaluation in accordance with the FAA Specifications for Neurologic Evaluation, generated from a clinic visit with a Board-Certified neurologist or sleep specialist no more than 90 days before the AME exam. 2. It must specifically include the current diagnosis, how the diagnosis of Narcolepsy was rescinded, and 	<p>DEFER</p> <p>Submit the information to the FAA for a possible Special Issuance.</p>

	<p>any occurrence(s) and frequency of cataplexy.</p> <p>3. A Type 1 or Type 2 Sleep Study (polysomnogram) performed within the previous 12 months.</p> <p>4. A MSLT (multiple sleep latency test) performed within the previous 12 months. To assure the usefulness of it is recommended that the MSLT is performed in conjunction with the sleep study and interpreted by the same physician.</p> <p>5. Results of any additional testing already performed for this condition (e.g., Maintenance of Wakefulness Test [MWT]).</p>	
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